

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

16083

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1. PLACE OF DEATH *Bates*
 County *Osage* Registration District No. *59* File No. *32*
 Township *Osage* Primary Registration District No. *3005* Registered No. *32*
 City *Rich Hill* (No.) St. Ward)

2. FULL NAME *Mable Sylvia Downs*
 (a) Residence. No. St. Ward.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Baby*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Baby*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *1928-1-15*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
		<i>3</i>	<i>14</i>	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work *Baby*
 (b) General nature of industry, business, or establishment in which employed (or employer).....
 (c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) *Ill.*
 (STATE OR COUNTRY)

10. NAME OF FATHER *Clarence Downs*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Ill.*
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER *WINNEFREDSMITH*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Tenn.*
 (STATE OR COUNTRY)

14. INFORMANT *Clarence Downs*
 (Address) *Rich Hill mo*

15. FILED *5/9 28* *James J. Allen* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *5/9 1928*

17. I HEREBY CERTIFY That I attended deceased from *5/9 1928* to *5/9 1928* that I last saw him alive on *5/7 1928*, and that death occurred, on the date stated above, at *Rich Hill mo*.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

104
1040
 Labor Pneumonia
 (duration) yrs. mos. da. *4*
 CONTRIBUTOR (SECONDARY) *1040*
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....
 8 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....
 WAS THERE AN AUTOPSY?.....
 WHAT TEST CONFIRMED DIAGNOSIS.....
 (Signed) *W. H. Shaffer* M. D.
 (Address) *Rich Hill mo*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Greenbourn* DATE OF BURIAL *5-9 1928*

20. UNDERTAKER *H. E. Bingham* ADDRESS *Rich Hill mo*

